

TABLE OF CONTENTS

| | | |
|-------|---|----|
| 18-61 | MOLINA MEDICAID NETWORK CHANGE | 2 |
| 18-62 | FEE FOR SERVICE COVERAGE OF INPATIENT HOSPITAL PSYCHIATRIC ADMISSIONS FOR MEDICAID MEMBERS UNDER AGE 21 WITH EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT) BENEFITS..... | 2 |
| 18-63 | ENDOPREDICT COVERAGE..... | 3 |
| 18-64 | INTENSITY MODULATED RADIATION THERAPY | 3 |
| 18-65 | UTAH STATE PLAN UPDATES | 4 |
| 18-66 | VISION CARE SERVICES PROVIDER MANUAL UPDATE | 4 |
| 18-67 | TELEPSYCHIATRIC CONSULTATIONS | 4 |
| 18-68 | CHANGES TO POINT-OF-SALE CROSSOVER CLAIMS | 5 |
| 18-69 | METABOLIC FORMULAS POLICY..... | 5 |
| 18-70 | IMMUNIZATIONS FOR EARLY PERIODIC SCREENING DIAGNOSIS AND TREATMENT (EPSDT/CHEC) RETRO-ELIGIBLE MEMBERS | 5 |
| 18-71 | PHARMACY SERVICES MANUAL UPDATED | 6 |
| 18-72 | INITIAL PRESCRIPTIONS OF SHORT ACTING OPIATES PRESCRIBED BY DENTISTS..... | 6 |
| 18-73 | 340B CLARIFICATION – CONTRACT PHARMACIES | 6 |
| 18-74 | UTAH MEDICAID PHARMACY SERVICES MANUAL ATTACHMENTS UPDATE | 6 |
| 18-75 | PHARMACY & THERAPEUTICS COMMITTEE UPDATE..... | 7 |
| 18-76 | PREFERRED DRUG LIST UPDATE..... | 7 |
| 18-77 | DRUG UTILIZATION REVIEW BOARD UPDATE | 7 |
| 18-78 | UTAH MEDICAID ACO PHARMACY BILLING INFORMATION..... | 8 |
| 18-79 | MOTHERTOBABY UTAH PROGRAM | 8 |
| 18-80 | HOSPICE ROOM AND BOARD | 8 |
| 18-81 | ELECTRONIC VISIT VERIFICATION REQUIREMENTS FOR ALL PERSONAL CARE AND HOME HEALTH PROVIDERS | 9 |
| 18-82 | UPDATES TO THE UTAH MEDICAID PROVIDER MANUAL FOR REHABILITATIVE MENTAL HEALTH AND SUBSTANCE USE DISORDER SERVICE | 10 |
| 18-83 | MENTAL HEALTH AND SUBSTANCE USE DISORDER PROVIDERS AND DRUG TESTING POLICY | 10 |
| 18-84 | UPDATES TO THE MEDICAID PROVIDER MANUAL FOR TARGETED CASE MANAGEMENT FOR INDIVIDUALS WITH SERIOUS MENTAL ILLNESS | 11 |
| 18-85 | TABLES OF AUTHORIZED EMERGENCY DIAGNOSES..... | 11 |
| 18-86 | HOSPITAL MANUAL LTAC POLICY UPDATE | 11 |
| 18-87 | CODE UPDATES..... | 12 |

Additional Medicaid Information

Salt Lake City Area: (801) 538-6155

Utah, Idaho, Wyoming, Colorado, New Mexico, Arizona, Nevada: 1-800-662-9651

Other States: (801) 538-6155

Request a Medicaid Publication

Send a Publication Request form:

By Fax: (801) 536-0476

By Mail: Division of Medicaid and Health Financing
PO Box 143106, Salt Lake City, UT 84114

18-61 Molina Medicaid Network Change

Provider network change between University of Utah Medical Group and Molina Medicaid and CHIP

Effective September 1, 2018, the University of Utah's hospitals, clinics, and most providers will no longer be on Molina's provider network. University of Utah pediatric providers at Primary Children's locations will continue to be available for children enrolled in a Molina Medicaid or CHIP health plan. University of Utah's pediatric providers will not be available for Molina plan members at other locations after August 31, 2018. Molina Medicaid and CHIP members will be able to use University of Utah providers through August 31, 2018.

For help, Molina Medicaid and CHIP members can use the following resources:

- Molina members who want to change their health plan to remain with their University of Utah providers can contact a Medicaid/CHIP Health Program Representative (HPR) at 1-866-608-9422 to request a change to another Medicaid/CHIP health plan, or for help finding another provider.
- Molina members who want to stay with their Molina health plan can contact a Molina case manager to find another provider on the Molina network. Molina can be contacted at 1-888-483-0760.

18-62 Fee for Service Coverage of Inpatient Hospital Psychiatric Admissions for Medicaid Members under Age 21 with Early Periodic Screening Diagnosis and Treatment (EPSDT) Benefits

Utah Medicaid covers inpatient hospital psychiatric care in psychiatric units of general hospitals. For Medicaid members not enrolled in the Prepaid Mental Health Plan, Medicaid reimburses hospitals directly on a fee for service basis.

To ensure access to inpatient hospital psychiatric care for Medicaid members with EPSDT/CHEC benefits, this service may be covered in psychiatric specialty hospitals.

For fee for service EPSDT-eligible Medicaid members, Medicaid may authorize admissions to psychiatric specialty hospitals if the following criteria are met and documented in the medical record:

1. An emergency admission is required for active treatment;
2. The services required are of an intensity that can only be provided in an inpatient hospital setting; and
3. The referring provider has contacted general hospitals with known pediatric psychiatric beds and no other placement was reasonably available.

Hospitals must request authorization in accordance with the *Utah Medicaid Provider Manual, Section I: General Information*, Chapter 10, Prior Authorization. Specifically, please refer to Chapter 10-1, Request Prior Authorization, and Chapter 10-3, Retroactive Authorization.

Unless otherwise noted, all changes take effect on July 1, 2018

Hospitals must fax the following information for the prior authorization review to Medicaid's Bureau of Authorization and Community Based Services Prior Authorization Unit at (801) 536-0490:

1. Current prior authorization request form;
2. Documentation that alternative placement in a psychiatric unit of a general hospital was not reasonably available; and
3. Documentation that supports the emergency admission (e.g., psychiatric admission evaluation, admission history and physical, and psychiatric discharge summary and lab work as applicable, etc.).

If authorization is granted, these admissions may be billed to Medicaid on a fee for service basis.

18-63 EndoPredict Coverage

Beginning July 1, 2018, EndoPredict can be requested and reported using CPT code 81599- Unlisted multianalyte assay with algorithmic analysis. Prior authorization will be required. Evidence-based criteria will be utilized to determine appropriateness of testing.

18-64 Intensity Modulated Radiation Therapy

CPT codes 77385- Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple and 77386- Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex for the delivery of IMRT are no longer in use by Utah Medicaid. Manual review is no longer required for these services.

Beginning July 1, 2018, providers should report IMRT delivery with HCPCS Level II codes G6015- Intensity modulated treatment delivery, single or multiple fields/arcs, via narrow spatially and temporally modulated beams, binary, dynamic MLC, per treatment session and G6016- Compensator-based beam modulation treatment delivery of inverse planned treatment using 3 or more high resolution (milled or cast) compensator, convergent beam modulated fields, per treatment session. Coding has been revised to reflect the specified coverage of Noridian local coverage determination (LCD) L34080. Providers should become familiar with this LCD.

The [Physician Services Provider Manual](#) has been updated to reflect this information.

Unless otherwise noted, all changes take effect on July 1, 2018

18-65 Utah State Plan Updates

The Utah State Plan has been updated and approved by the Centers for Medicare and Medicaid Services (CMS), effective March 1, 2018. The attachments updated are Speech Pathology Services (3.1-A #11c, page 1) and Audiology Services (3.1-A #11d, page 1). These updates clarify covered and non-covered services for non-pregnant adult members.

Providers are encouraged to become familiar with this updated information.

18-66 Vision Care Services Provider Manual Update

The [Vision Care Services Manual](#) has been updated, effective July 1, 2018. Providers are encouraged to become familiar with the updated manual noting changes in the content. Specific code coverage information may be found in the [Coverage and Reimbursement Code Lookup](#).

18-67 Telepsychiatric Consultations

Telepsychiatric consultations, as described in Utah Code 26-18-13.5, between a physician and a board certified psychiatrist are a covered service.

Psychiatrists should report the following time-based CPT codes:

- 99446 Interprofessional telephone/Internet assessment and management service provided by a consultative physician including a verbal and written report to the patient's treating/requesting physician or other qualified health care professional; 5-10 minutes of medical consultative discussion and review
- 99447 11-20 minutes of medical consultative discussion and review
- 99448 21-30 minutes of medical consultative discussion and review
- 99449 31 minutes or more of medical consultative discussion and review

The requesting physician should report CPT code 99358.

This service will be covered by all Accountable Care Organizations (ACOs). If a member receiving the service is part of an ACO, then the provider must be enrolled with the member's ACO in order to receive reimbursement.

Unless otherwise noted, all changes take effect on July 1, 2018

18-68 Changes to Point-of-Sale Crossover Claims

Beginning July 1, 2018, Utah Medicaid fee for service (FFS) will deny Medicare Part B drugs at point of sale for dually eligible members (Medicare/Medicaid). Medicare Part B drug claims must be submitted to Medicare or the recipient's Medicare plan.

Utah Medicaid will reimburse under Medicare Part B crossover claims as noted in the Utah State Plan, Attachment 4.19-B. For additional information on how to submit a Medicare Part B crossover claim, please see *Section 1: General Information Utah Medicaid Provider Manual*, Chapter 11-5.1, Medicare Crossover Claims.

For examples of drugs that are included in the Medicare Part B, please visit:

<https://www.medicare.gov/coverage/prescription-drugs-outpatient.html>.

18-69 Metabolic Formulas Policy

Beginning January 1, 2018, metabolic formulas will be covered through DME codes (B4157, B4162) and are no longer covered under the Pharmacy Program. These services require prior authorization. Refer to the [Medical Supplies and Durable Medical Equipment Provider Manual](#) for additional information.

Please reference Section 5 of the [Pharmacy Services Manual](#) for information on program coverage for prescription medications.

18-70 Immunizations for Early Periodic Screening Diagnosis and Treatment (EPSDT/CHEC) Retro-Eligible Members

For EPSDT/CHEC retro-eligible members, contact the Bureau of Medicaid Operations at 1-800-662-9651 for claims payment resolution.

Please reference Section 5.6 of the [Pharmacy Services Manual](#) for information on immunizations and the [Vaccines for Children \(VFC\) program](#).

18-71 Pharmacy Services Manual Updated

The *Utah Medicaid Pharmacy Services Provider Manual* has been updated for July 1, 2018. The manual can be found at <https://medicaid.utah.gov>.

18-72 Initial Prescriptions of Short Acting Opiates Prescribed by Dentists

Effective July 1, 2018, Utah Medicaid will restrict the initial fill of short acting opiates to no more than a 3-day supply when prescribed by a dentist. When a claim for a short acting opiate is submitted to Utah Medicaid, the pharmacy claims processing system will determine whether the member has had a prescription for the same medication in the previous 60 days. If the member has not had a claim for the same medication in the previous 60 days, the system will treat the claim as an initial fill and allow no more than a 3-day supply. If a claim has been filled for the member for the same medication in the previous 60 days, then the claims processing system will allow the claim to process for up to a 30-day supply; however, the claim will be subject to all limitations and restrictions including, but not limited to, early refills and quantity limits.

For example, a dentist prescribes a member a 5-day supply of hydrocodone/apap for dental pain. The system will look back 60 days for a prior prescription for hydrocodone/apap. If a prior claim for hydrocodone/apap is identified, the system will permit a 5-day supply. If a prior claim for hydrocodone/apap is not identified, then the prescription may only be filled for a 3-day supply. This is different from how the current 7-day supply limitation adjudicates.

18-73 340B Clarification – Contract Pharmacies

340B covered entities may not utilize contract pharmacies to bill Utah Medicaid, unless the covered entity, the contract pharmacy, and the State Medicaid agency have established a written arrangement to prevent duplicate discounts. Any such arrangement shall be reported to the Office of Pharmacy Affairs (OPA) or Health Resources and Services Administration (HRSA) by the covered entity.

18-74 Utah Medicaid Pharmacy Services Manual Attachments Update

The Utah Medicaid Drug Criteria Limits Attachment has been updated. Providers are encouraged to become familiar with this, and all other pharmacy attachments located in the Pharmacy Resource Library located [here](#).

18-75 Pharmacy & Therapeutics Committee Update

The Pharmacy and Therapeutics (P&T) Committee recently reviewed Non-Steroidal Anti-Inflammatory Drugs (NSAIDs), Proton Pump Inhibitors (PPIs), and HMG CoA Reductase Inhibitors (statins). Additions and updates to these classes have been or will be made to the Utah Medicaid Preferred Drug List (PDL) in accordance with P&T Committee recommendations.

18-76 Preferred Drug List Update

In accordance with P&T Committee recommendations, VMAT-2 Inhibitors have been added to the Preferred Drug List (PDL) effective July 1, 2018. As a result of changes to R414-60-12, additional long acting injectable antipsychotics have been made preferred on the PDL. This rule change also clarifies that provider administered long-acting injectable antipsychotic drugs and provider administered drugs for the treatment of opioid disorders dispensed by a pharmacy must be dispensed directly to the provider or provider's staff, and not directly to the patient.

18-77 Drug Utilization Review Board Update

The Drug Utilization Review Board recently reviewed intrathecal baclofen, botulinum toxins, and Synagis®. No prior authorization criteria were created, and clinical prior authorization for botulinum toxins for patients less than 18 years was removed. Clinical prior authorization for botulinum toxins for patients 18 years and older remain in effect, as is a quantity limit of 4 doses per 12 months. Prior authorization criteria for Synagis® remain unchanged.

See the [Utah Medicaid Pharmacy Website](#) for prior authorization details and meeting minutes.

Unless otherwise noted, all changes take effect on July 1, 2018

18-78 Utah Medicaid ACO Pharmacy Billing Information

Effective July 1, 2018, the Healthy U Medicaid plan will be changing their Pharmacy Benefit Manager (PBM) which will result in updates to their billing specifications for pharmacy providers. Pharmacy billing information, effective July 1, 2018, for all Utah Medicaid Accountable Care Organizations (ACOs) can be found in the table below.

| ACO Medicaid Plan | BIN | PCN | Group | Pharmacy Help Desk |
|-------------------|--------|-----------|----------|--------------------|
| Health Choice | 610011 | HEAUTCAID | ** | 1-855-821-9100 |
| Healthy U* | 019843 | UUHPRx | ** | 1-866-236-5935 |
| Molina | 004336 | ADV | RX0415 | 1-800-364-6331 |
| SelectHealth | 800008 | 606 | U1000008 | 1-855-442-3234 |

* = effective July 1, 2018

** = not required

18-79 MotherToBaby Utah Program

Treating pregnant or breastfeeding mothers for mood disorders doesn't need to be complicated. It's important to keep in mind that maintaining or initiating therapy for mood disorders and other psychiatric conditions in pregnancy is considered protective of the developing or breastfed baby. Most psychotropic medications are not a problem in pregnancy nor lactation and some untreated conditions can increase risks for miscarriage, prematurity or stillbirth and interfere with mother/infant bonding.

For more information on specific psychotropic drugs, or other exposures, pregnant and breastfeeding women or their providers may contact MotherToBaby Utah: Salt Lake area at (801) 328-2229, or throughout Utah at 1-800-822-2229; chat at mothertobaby.utah.gov, or email questions to expertinfo@mothertobaby.org.

18-80 Hospice Room and Board

Effective April 1, 2018, the prior authorization requirement for hospice room and board, code T2046, has been removed. Hospice room and board is available when a hospice patient resides in a skilled nursing facility, ICF/ID, or a freestanding hospice inpatient unit.

Unless otherwise noted, all changes take effect on July 1, 2018

In order to determine appropriate reimbursement for hospice room and board (T2046), the facility name and address must be submitted on the claim for hospice services. This information is required for all patients residing in a skilled nursing facility, ICF/ID, or freestanding hospice inpatient unit. Providers can enter this information as the 'Service Facility Location Information' in field 32 of the paper CMS 1500 claim form, or electronically in the 837P Loop 2310c.

18-81 Electronic Visit Verification Requirements for all Personal Care and Home Health Providers

Electronic visit verification (EVV) requirements, defined in Section 12006 of the 21st Century Cures Act

EVV requirements apply to all personal care services or home health services provided under the State Plan or a 1915(C) Home and Community Based Waiver which require an in-home visit by a provider. The requirements are effective beginning January 1, 2019, for personal care services, and January 1, 2023, for home health services.

Providers must select their own EVV service provider and have records available for review upon request. All systems must be compliant with the Cures Act requirements including:

- (i) the type of service performed;
- (ii) the individual receiving the service;
- (iii) the date of the service;
- (iv) the location of service delivery;
- (v) the individual providing the service; and
- (vi) the time the service begins and ends.

The State intends to implement an administrative rule outlining its process of evaluating ongoing provider compliance with EVV requirements. The State will take into account stakeholder input from beneficiaries, family caregivers, individuals who furnish personal care services or home health care services, and other stakeholders in rule development.

Please contact Anne Stephens at astephens@utah.gov, or (801) 538-6991, for additional information.

18-82 Updates to the Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services

The heading in Chapter 2-13, Licensed Substance Use Disorder Residential Treatment Programs with 17 or More Beds, has been changed to Substance Use Disorder (SUD) Treatment in Licensed SUD Residential Treatment Programs with 17 or More Beds (ASAM Levels 3.1, 3.3, 3.5, and 3.7.) for clarity.

In the Limits section of Chapter 2-13, the following changes have been made:

- #5 has been revised for clarity;
- #6 has been updated to clarify that targeted case management and drug administered codes (e.g. J codes) are not included in the per diem rate for Substance Use Disorder residential services; and
- a new #12 and #13 have been added to clarify what days are billable during a member's stay.

On the Procedure Codes and Modifiers Table, code 96111 has been corrected to "per encounter" from "per hour". This is not a change in policy but a correction of an error. It is correct in Chapter 2-4 where the psychological procedure codes are explained, but was in error on the table.

Providers can access the revised provider manual at: <https://medicaid.utah.gov>.

18-83 Mental Health and Substance Use Disorder Providers and Drug Testing Policy

The *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* contains the scope of covered services for mental health and substance use disorder providers. In-house drug testing is not included in this scope of services. Therefore, for dates of service on or after July 1, 2018, drug testing codes are not available for these providers.

Providers can access the *Utah Medicaid Provider Manual for Rehabilitative Mental Health and Substance Use Disorder Services* at: <https://medicaid.utah.gov>.

18-84 Updates to the Utah Medicaid Provider Manual for Targeted Case Management for Individuals with Serious Mental Illness

When this manual was updated in January 2018, the definition of inmate was removed and the definition of Public Institution, in Chapter 1-3 C., should have also be removed. This oversight was corrected.

Section 1-7 is added to clarify that targeted case management services in residential substance use disorder treatment programs with 17 or more beds are not included in the per diem.

Providers can access the revised provider manual at: <https://medicaid.utah.gov>.

18-85 Tables of Authorized Emergency Diagnoses

The tables of authorized emergency inpatient diagnoses and authorized emergency department diagnoses are updated regularly. The current authorized diagnoses lists are available on the Medicaid website at [Utah Medicaid Table of Authorized Emergency Department Diagnoses](#).

18-86 Hospital Manual LTAC Policy Update

Utah Medicaid makes payment for Long Term Acute Care (LTAC) claims based on a negotiated rate as stated in Utah State Plan, Attachment 4.19-D. The negotiated rate is determined following the LTAC's submission of services needed on the "LTAC Pricing Template" MS Excel form as periodically updated and posted on the website at <https://medicaid.utah.gov>.

In order to adjudicate correctly, LTAC claims must be billed as an outpatient hospital claim using revenue code 760 for the daily rate charges. The [Hospital Services Manual](#) has been updated with this information. All other billing procedures and practices apply to LTAC claims. These may be found in the [General Information: Section I](#) Provider Manual.

18-87 Code Updates

Prior Authorization Required – Effective January 1, 2018

B4157 Enteral formula, nutritionally complete, for special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

B4162 Enteral formula, for pediatrics, special metabolic needs for inherited disease of metabolism, includes proteins, fats, carbohydrates, vitamins and minerals, may include fiber, administered through an enteral feeding tube, 100 calories = 1 unit

E0953 Wheelchair accessory, lateral thigh or knee support, any type including fixed mounting hardware, each

E0954 Wheelchair accessory, foot box, any type, includes attachment and mounting hardware, each foot

Manual Review Removed

- 01924 ANES THERAPUTIC INTERVENT RADIOLOGC/ARTERIAL;NOS
- 01930 THER INTERVEN RADIOLOGC PROC VENOUS/LYMPHATIC;NOS
- 11400 EXCISION,BENIGN LESION,TRUNK,ARMS/LEGS;0.5 CM OR<
- 11403 EXCISION,BENIGN LESION,TRNK,ARMS/LEGS;2.1 TO 3.0CM
- 11404 EXCISION,BENIGN LESION,TRNK,ARMS/LEGS;3.1 TO 4.0CM
- 11406 EXCISION,BENIGN LESION,TRUNK,ARMS/LEGS;OVER 4.0 CM
- 11422 EXC,BENIG LES,SCLP,NK,HNDS,FEET,GENIT;1.1 TO 2.0CM
- 11426 EXC,BENIGN LES,SCLP,NK,HNDS,FEET,GENIT;OVER 4.0 CM
- 11441 EXC,OTHR BEN LES,FACE,EAR,EYE,NOSE,LIP;.6 TO 1.0CM
- 11443 EXC,OTHR BEN LES,FACE,EAR,EYE,NOSE,LIP;2.1 TO3.0CM
- 11446 EXC,OTHR BEN LES,FACE,EAR,EYE,NOSE,LIP;OVER 4.0 CM
- 11960 INSERT TISSUE EXPANDER(S)O/T BREAST,INCL EXPANSION
- 17000 DESTR PRE MALIG LESIONS;FIRST LESION
- 17003 DESTRUCTN ANY METHOD,PREMALIGMNT LESIONS;2-14,EACH
- 17106 DESTRUCT CUTANEOUS VASCULAR PROLIFRT LESNS,-10 CM
- 17108 DESTRUCT CUTAN VASCULAR PROLIFERAT LESNS,+50 CM
- 27685 LENGTHENING/SHORTENING TEND,LEG/ANKLE;SNGL TENDON
- 36511 THERAPEUTIC APHERESIS;FOR WHITE BLOOD CELLS
- 36512 THERAPEUTIC APHERESIS;FOR RED BLOOD CELLS
- 36513 THERAPEUTIC APHERESIS;FOR PLATELETS
- 36516 THER APHERESIS;W XTRACORPRL SELEC & PLASMA REINFSN
- 40500 VERMILIONECTOMY (LIP PEEL),W MUCOSAL ADVANCEMENT
- 61782 STEROTACTIC COMP-ASSIST PROC;CRANIAL,EXTRADURAL
- 64461 PVB THORACIC SINGLE INJ SITE
- 64681 DESTRUCTION NEUROLYTIC AGENT,W/W/O RADIO MONITOR
- 76140 CONSULT ON X-RAY EXAM MADE ELSEWHERE,WRITTEN REPRT
- 80299 QUANTITATION OF DRUG, NOT ELSEWHERE SPECIFIED
- 84591 VITAMIN, NOT OTHERWISE SPECIFIED
- 86481 TB TST,CELL MEDIATD ANTIGEN RESPNCE MSR;T-CEL SUSP

Unless otherwise noted, all changes take effect on July 1, 2018

- 87300 INFECTIOUS AGENT ANTIGEN,EA POLYVALENT ANTISERUM
- 87451 INFECT AGENT ANTIGEN;MULT STEP,EA POLYV ANTISERUM
- 87797 INFECTIOUS AGENT DETECTION; NOS, DIRECT PROBE TECH
- 87798 INFECTIOUS AGENT DETECTION; NOS, AMPLIFIED PROBE
- 87799 INFECTIOUS AGENT DETECTION; NOS, QUANTIFICATION
- 87899 INFECTIOUS AGENT DETECT W/OPTICAL OBSERVATION;NOS
- 88185 FLOWCYTOMETRY/ TC; EA ADD MARKER
- 88350 IMMUNOFLUOR ANTB ADDL STAIN
- 99354 PROLONGED PHY SVC,OFC,OP,DIRECT PT CONT;1ST HOUR
- 99355 PROLONG PHY SVC OFC,OP,DIRECT PT,EA ADDTNL 30 MIN
- 99356 PROLONG PHY SVC IP SET,DIRECT PT CONT;FIRST HOUR
- 99357 PROLONG PHY SVC IP,DIRECT PT CONT;EA ADD 30 MIN

Closed

- 0365T Adaptive behavior treatment by protocol, administered by technician, face-to-face with one patient; each additional 30 minutes of technician time (List separately in addition to code for primary procedure)
- 0369T Adaptive behavior treatment with protocol modification administered by physician or other qualified health care professional with one patient; each additional 30 minutes of patient face-to-face time (List separately in addition to code for primary procedure)
- S0620 Routine ophthalmological examination including refraction; new patient
- S0621 Routine ophthalmological examination including refraction; established patient
- 43999 UNLISTED PROCEDURE, STOMACH
- 76499 UNLISTED DIAGNOSTIC RADIOGRAPHIC PROCEDURE
- 76999 UNLISTED DIAGNOSTIC ULTRASOUND EXAM
- 77385 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; simple
- 77386 Intensity modulated radiation treatment delivery (IMRT), includes guidance and tracking, when performed; complex
- 77799 RADIUM/RADIOISOTOPE THERAP, UNLIST PROC
- 78499 UNLISTED CARDIOVASCULAR PROCEDURE
- 81099 UNLISTED URINALYSIS PROCEDURE
- 93998 NONINVAS VASC DX STUDY PROC
- K0903 For diabetics only, multiple density insert, made by direct carving with CAM technology from a rectified CAD model created from a digitized scan of the patient, total contact with patient's foot, including arch, base layer minimum of 3/16 inch material of Shore A 35 durometer (or higher), includes arch filler and other shaping material, custom fabricated, each

Quantity Limit Update - Effective August 1, 2017

The quantity limits for definitive drug testing have been increased to six (6) per a 30-day period. This update is effective August 1, 2017, and includes the following codes:

- G0480 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 1-7 drug class(es), including metabolite(s) if performed
- G0481 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 8-14 drug class(es), including metabolite(s) if performed
- G0482 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 15-21 drug class(es), including metabolite(s) if performed
- G0483 Drug test(s), definitive, utilizing (1) drug identification methods able to identify individual drugs and distinguish between structural isomers (but not necessarily stereoisomers), including, but not limited to, GC/MS (any type, single or tandem) and LC/MS (any type, single or tandem and excluding immunoassays (e.g., IA, EIA, ELISA, EMIT, FPIA) and enzymatic methods (e.g., alcohol dehydrogenase)), (2) stable isotope or other universally recognized internal standards in all samples (e.g., to control for matrix effects, interferences and variations in signal strength), and (3) method or drug-specific calibration and matrix-matched quality control material (e.g., to control for instrument variations and mass spectral drift); qualitative or quantitative, all sources, includes specimen validity testing, per day; 22 or more drug class(es), including metabolite(s) if performed